

Copier Justification Form

Segments 9 and 10 Only

Agency	Department
Person Completing Survey	Phone
Email Address	Date

PRESENT COPIER				PROPOSED COPIER			
Brand		Model		Brand		Model	
Age of Copier	Condition			New Copier Upgrade of Present Copier		Downgrade Comparable	
Purchased	Purchase Price	Rental Lease	Cost Per Month	Purchased	Purchase Price	Rental Lease	Cost Per Month
Maintenance Cost Per Month		Supply Cost Per Month		Maintenance Cost Per Month		Supply Cost Per Month	
Maximum Speed (No. copies/minute)	Total Copies made Per Month	Cost Per Copy		Maximum Speed (No. copies/minute)	Total Copies made Per Month	Cost Per Copy	

FEATURES

Check Features On Present Copier

Check Features You Need On Proposed Copier

√ Here	Reduction	% of Total Copies	√ Here	Reduction	% of Total Copies
	Enlargement	% of Total Copies		Enlargement	% of Total Copies
	Duplexer	% of Total Copies		Duplexer	% of Total Copies
	Automatic Document Feeder			Automatic Document Feeder	
	Semi-Automatic Document Feeder			Semi-Automatic Document Feeder	
	Collator	No. of Bins		Collator	No. of Bins
	Stapler			Stapler	
	Large Capacity Paper Tray			Large Capacity Paper Tray	
	Auditron Counter / Key Pad Counter			Auditron Counter / Key Pad Counter	
	Others (Specify)			Others (Specify)	

What size originals are presently copied?

Maximum _____ | Minimum _____.

What size copies does present copier produce?

Maximum _____ | Minimum _____.

What size originals will be copied on proposed copier?

Maximum _____ | Minimum _____.

What size copies will proposed copier produce?

Maximum _____ | Minimum _____.

1. Furnish monthly invoices for past six (6) months if request is for a replacement copier.

2. Justify need for features you wish to add to proposed copier. Identify and explain the need for special features such as special paper, roll feed, etc.

3. What other copiers have you evaluated?